Pacific Gateway

*A proud partner of America's Job Centers of California℠ Network*

# SUPPORTIVE SERVICE WAIVER REQUEST

Date: _____ Grant: ☐ WIOA Adult ☐ WIOA Youth ☐ WIOA DW ☐ Other _____

_____ _____ _____

Last Name First Name SSN (Last 4 Digits)

Supportive Service Requested: _____

☐ Service not on Matrix ☐ Exceeds the Cost ☐ Exceeds the Length of Time

☐ Other: _____

Justification of Waiver: _____

_____

_____

_____

_____

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_____

_____ ☐ Approved ☐ Denied

Career Specialist Date

_____ ☐ Approved ☐ Denied

Program Manager Date

_____ ☐ Approved ☐ Denied

Deputy Director Date